

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoji UTSUMI, et al.

Serial No: 10/501,380

Confirmation No. 7580

Filed: July 13, 2004

For: Engine Fastening Structure



Art Unit: 3632

Examiner: Sterling, Amy Jo

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 August 2, 2006

Date of Deposit

Juanita Soberanis

Name

Signature

8/2/2006
Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment.
- ☒ Transmittal of Verified Translation of Priority Document (JP 2002-043835, filed February 20, 2002).
- ☒ Copy of the cover page of WO 03/076778.
- ☒ Return postcard.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	10	-	20 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3 ***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 1					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$____ to cover the additional claims fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the amount of \$____ to cover the extension fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

Date: August 2, 2006

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